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CDM02-356 June 18, 2002 via Facsimile 703-746-4060

Commissioner for Patents Washington, DC 20231

Re: Request for Withdrawal as Attorney or Agent

Application No. 09/751,208

[VTC.0107]

Dear Sir or Madam:

Please accept this Request for Withdrawal as Attorney. The request was originally sent via Express Mail on April 11, 2001, but to date we have not received confirmation of the request. Please phone or fax back confirmation of receipt of the withdrawal and its approval. The applicable telephone and facsimile numbers are available in the letterhead. Should you have any question, please do not hesitate to contact me.

CDM/jac Enclosure Sent By: DRAUGHON PA;



PTO/SB/83 (08-00)

Approved for use through 10/31/2002. OMB 0551-0036

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REQUEST FOR WITHDRAWAL **AS ATTORNEY OR AGENT**

| Application Number | 09/751,208 |
|------------------------|------------|
| Filing Date | 12/29/00 |
| First Named Inventor | Ken Bailey |
| Group Art Unit | |
| Examiner Name | |
| Attorney Docket Number | VTC.0107 |

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|---|--------------------|------------------|--------------------------|--------------|-----|-------|--|
| To: Assistant Commissioner for Patents Washington, DC 20231 | | | | | | | |
| I hereby apply to withdraw as attorney or agent for the above identified patent application. | | | | | | | |
| The reasons for this request are: Margaret Efron, (47,545) on behalf of Mark Young (39,436) and Jeffrey Maynard (46,208), requests for withdrawl as attorney of record for the above identified application because the attorneys of record no longer represent the applicant, Ken Bailey. SLut 4/11/01 Cypuss wan 1 | | | | | | | |
| 1. The correspondence address is NOT affected by this withdrawal. | | | | | | | |
| Change the correspondence address and direct all future correspondence to: | | | | | | | |
| CORRESPONDENCE ADDRESS | | | | | | | |
| Customer Number | | | Place Custon Bar Code La | | | | |
| OR | | | | 20.0 | | | |
| X Firm or Individual Name | Ken Bailey | | | | | | |
| Address | 571 N. Highway A1A | | | | | | |
| Address | | | | | | | |
| City | Satellite Beach | St | ate | FL | ZIP | 32937 | |
| Country | USA | | | | | | |
| Telephone | 321-223-6837 | | | 321-727-3275 | | | |
| This request is enclosed in trip | dicate. | | | | | | |
| Name Margaret Efron | | | | | | | |
| Signature Symptomic Signature | | | | | | | |
| Date March 28, 2001 (| | | | | | | |
| NQTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved. | | | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chlot Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.